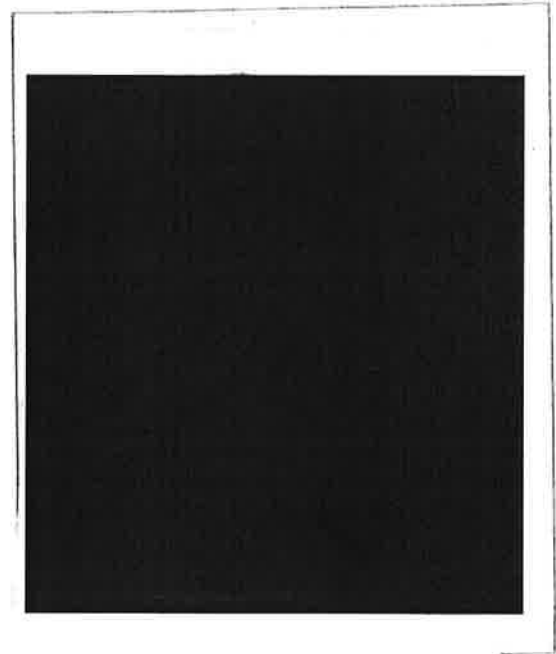


NAME (LAST)	(FIRST)	(M.I.)
PALADINO J J		

EMPLOYEE NO.	SOCIAL SECURITY NO.
[REDACTED]	[REDACTED]

DATE OF BIRTH			DATE OF APPOINTMENT		
(DAY)	(MONTH)	(YEAR)	(DAY)	(MONTH)	(YEAR)
[REDACTED]	1946	22	JULY	1968	

DATE OF PHOTOGRAPH:
JANUARY 1974



CPD - 62,328 (12/73)

PERSONNEL PHOTOGRAPH/CHICAGO POLICE

NAME Paladino, John J.

EMPLOYEE NO. [REDACTED]

NUMBER

HOME ADDRESS

STREET

NUMBER

HOME ADDRESS

STREET

PLACE OF
BIRTH

Chicago, Ill.

DATE

MO.

YEAR

46

HEIGHT

5'9"

WEIGHT

160

COLOR
EYES

Brn

COLOR
HAIR

Brn

PHYSICAL
DISABILITIES

None

MARITAL
STATUSDIVORCED ☐ DATEWIDOWED ☐ DATE

EDUCATION

NAME

GRADE
SCHOOLHIGH
SCHOOL

COLLEG

OTHER

GRADUATE
YES NOGRADUATE
YES NOGRADUATE
YES NO

A. C. V.

MAJOR DEGREE

YEAR

MILITARY SERVICE:

SEPARATIONS

DATE

TYPE

REINSTATEMENT
DATE

DATE

TYPE

REINSTATEMENT
DATENOTIFY
IN
EMERGENCY

NAME

RELATIONSHIP

NAME

RELATIONSHIP

ADDRESS

TELEPHONE NO.

ADDRESS

TELEPHONE NO.

DATE OF
PROB'Y. APP'T. 7-22-68DATE OF
REGULAR APP'T.DATE OF
TEMPORARY APP'T.

LAST NAME

FIRST NAME

MIDDLE NAME

STAR NO.

EMPLOYEE NO.

Paladino

John

Joseph

9938

EMERGENCY NOTIFICATION UPDATE
CHICAGO POLICE DEPARTMENT

UNIT OF ASSIGNMENT

JOB TITLE

DATE

INSTRUCTIONS: PLEASE TYPE OR PRINT

MEMBER'S NAME (LAST - FIRST - M.I.)

STAR/BADGE NO.

EMPLOYEE NO.

SOCIAL SECURITY NO.

PRIMARY EMERGENCY NOTIFICATION

NAME (LAST - FIRST - M.I.)

RELATIONSHIP TO MEMBER



PERSONNEL ACTION REQUEST
CHICAGO POLICE DEPARTMENT

TODAY'S DATE
02 Jan. 2003

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)
VLADINO, JOHN, J.

STAR / BADGE NO.
20471

EMPLOYEE NO.

UNIT ASSIGNED
606/630

EFFECTIVE DATE
Jan. 2003

C.O.B.

JOB TITLE
Detective

TYPE OF ACTION

CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE)	INFORMATION REQUIRED (ENTER INFORMATION IN "REMARKS SECTION" BELOW)	SIGNATURES REQUIRED
USED WITHOUT PAY - DISCIPLINARY	GIVE EFFECTIVE DATE, CIRCUMSTANCES & C.B. NO.	UNIT C.O.
USED WITHOUT PAY - NON-DISCIPLINARY	GIVE EFFECTIVE DATE & CIRCUMSTANCES.	UNIT C.O.
SENCE WITHOUT PAY - AWOP	GIVE EFFECTIVE DATE & CIRCUMSTANCES. STATE WHETHER OR NOT MEMBER NOTIFIED SUPERVISOR.	UNIT C.O.
MINATION - JOB ABANDONMENT	GIVE EFFECTIVE DATE: F.O.P. - ACTION TAKEN AFTER 4 CONSECUTIVE WORKDAYS AWOP AFSCME & UNIT II - ACTION TAKEN AFTER 5 CONSECUTIVE WORKDAYS AWOP	UNIT C.O., AREA CHIEF OR DIVISION C.O.
AVE, DISABILITY PENSION - SWORN ONLY	ATTACH MEDICAL REPORTS, COMPLETE REVERSE SIDE.	MEMBER, MEDICAL DIRECTOR
AVE, MILITARY (PAID ENCAMPMT-14 DAYS MAX.)	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER, COMPLETE REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
AVE, MILITARY - WITHOUT PAY	GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS, COMPLETE REVERSE SIDE IF OVER 29 DAYS, ALSO ATTACH PER-73 (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT)	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
IPAI D ABSENCE (29 DAYS AND UNDER) - NO SURANCE BENEFITS	GIVE REASON & RETURN DATE, COMPLETE AND SIGN REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
AVE, OTHER (30 DAYS AND OVER)	GIVE REASON & LENGTH OF LEAVE REQUESTED, COMPLETE REVERSE SIDE ATTACH PER-73, (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT)	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT. B.A.S.
AVE, EXTENSION OF	GIVE DATES & REASON, COMPLETE REVERSE SIDE ATTACH PER-73 (CITY REQUEST FOR LEAVE).	MEMBER
MARRIAGE LEAVE	GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME	MEMBER, UNIT C.O.
NAME CHANGE	GIVE NEW NAME. IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION / EXPLANATION	MEMBER, UNIT C.O.
RETIREMENT	GIVE EFFECTIVE DATE AT PER-78 (EXIT INTERVIEW REPORT). AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIVISION AND THE PAYROLL / FINANCE DIVISION BY FAX TELEPHONE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
RESIGNATION	GIVE EFFECTIVE DATE & REASON	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
PREPARATION TO ACCEPT OTHER CITY POSITION / TITLE	GIVE EFFECTIVE DATE, NEW JOB TITLE & NAME OF NEW CITY DEPARTMENT	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
DEATH IN FAMILY	GIVE DATES & RELATIONSHIP TO DECEASED	UNIT C.O.
TRANSFER REQUEST	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT.
RECOGNIZED OPENING BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER
RECOGNIZED VACANCY BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER

PERSONNEL TRANSFER & ASSIGNMENT SECTION

UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO.	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO. <input type="checkbox"/> RECOGNIZED VACANCY LISTING ADMINISTRATIVE MESSAGE FACSIMILE NETWORK NO.		POSITION REQUESTED	
DATE SUBMITTED	TIME SUBMITTED	COMMANDING OFFICER / WATCH COMMANDER'S SIGNATURE			STAR NO.

REMARKS SECTION

Retirement to accept pension C.O.B. 15 January 2003 Effective: 16 January 2003

Finance Div. Notified: 03 JANUARY 03 0905 hrs. CIV. BELL

I.A.D. Notified: 03 JAN. 03 0910 hrs. DATA DIVISION PIENTA

SIGNATURE		SIGNATURE	
<input checked="" type="checkbox"/> RECOMMEND APPROVAL	<input checked="" type="checkbox"/> RECOMMEND APPROVAL	<input checked="" type="checkbox"/> RECOMMEND APPROVAL	<input checked="" type="checkbox"/> RECOMMEND APPROVAL
<input type="checkbox"/> DISAPPROVAL	<input type="checkbox"/> DISAPPROVAL	<input type="checkbox"/> DISAPPROVAL	<input type="checkbox"/> DISAPPROVAL
FOR PERSONNEL DIVISION / BUREAU OF ADMINISTRATIVE SERVICES USE ONLY		FOR PERSONNEL DIVISION / BUREAU OF ADMINISTRATIVE SERVICES USE ONLY	
<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL
<input type="checkbox"/> DISAPPROVAL	<input type="checkbox"/> DISAPPROVAL	<input type="checkbox"/> DISAPPROVAL	<input type="checkbox"/> DISAPPROVAL
COMMENTS		COMMENTS	

NONE

I.A.D. CLEARANCE
AS OF 15 Jan 03


22 January 2003

PERSONNEL ORDER NO. 2003-016
"B" series Employment

Resignations for Department members have been processed as follows:

<u>Name</u>	<u>Empl.#</u>	<u>Rank/Job Title</u>	<u>Unit/Detail</u>	<u>Effective Date</u>
COGLEY, Michael B.		Sergeant	010	14 Jan 2003
LANE, James E.		Sergeant	050	16 Jan 2003
WHITMORE, Roy L.		Sergeant	377	15 Jan 2003
DROZD, Robert S.		Gang Specialist	189	20 Jan 2003
PALADINO, John J.		Detective	630/606	15 Jan 2003
FENNELL, John J.		Investigator	620	15 Jan 2003
MACFARLAN, David J.		Investigator	630	15 Jan 2003
DOWNING, Anthony		Police Officer	005/165	16 Jan 2003
TREZISE JR., Raymond H.		Police Officer	630	15 Jan 2003
BAKER, De Andre C.		Service Writer	173	15 Jan 2003
MACKEY, Linda		Traffic Control Aide	152	31 Jan 2003
TERRY, Charlene		Traffic Control Aide	152	31 Jan 2003

Terry G. Hillard
Superintendent of Police

Authenticated: 

DISTRIBUTION: E

PERSONNEL ORDER NO. 2003-016
"B" series Employment

Residency Affidavit

City of Chicago

Department

POLICE

Bureau

DETECTIVE DIVISION

Name

JOHN J. PALADINO

Position title

DETECTIVE

Social security number



I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is



(zip code) 60629

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

BY SIGNING THIS RESIDENCY AFFIDAVIT, I ACKNOWLEDGE AND REPRESENT THAT I HAVE FULLY READ AND UNDERSTAND BOTH THE FRONT AND REVERSE SIDES OF THIS RESIDENCY AFFIDAVIT, AND FURTHER CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED HEREIN IS TRUE AND CORRECT.

Signed



Date

13 Dec 83

Complete and sign two copies.
First copy to department file.
Second copy to Department of Personnel.

(See reverse side.)



City of Chicago Employee Change of Address Form

Department POLICE Bureau AREA 1 VIOLENT CRIMES
Name PALADINO, JOHN, J.
Position title DETECTIVE
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60629
New Address [REDACTED] Zip Code 60608
Effective Date 21 Sep. 84
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.



10/10/84
OCT 1984
PERSONNEL DIV.

Date

28 Sep 84

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

City Hall
Room 1100
744-4954

CITY OF CHICAGO
DEPARTMENT OF PERSONNEL
EMPLOYEE CHANGE OF ADDRESS

DEPARTMENT Police BUREAU Detective Division
NAME John J. Paladino
POSITION TITLE Detective
SOCIAL SECURITY NUMBER [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] (Zip Code) 60643
New Address [REDACTED] (Zip Code) 60629
Effective Date 1 Nov. 83
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.



Signed [REDACTED]

Date Nov. 83

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

(See Reverse Side)

Per-72

CITY OF CHICAGO
DEPARTMENT OF PERSONNEL
EMPLOYEE CHANGE OF ADDRESS

DEPARTMENT Police BUREAU Detective Division/A/2 V/C
NAME Paladino, John, J.
POSITION TITLE Detective
SOCIAL SECURITY NUMBER [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] (Zip Code) 60655

New Address [REDACTED] (Zip Code) 60643

Effective Date 11 Dec. 81

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.



Signed [REDACTED]

Date 12-11-81

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

(See Reverse Side)

Per-72

CITY OF CHICAGO

DEPARTMENT Chgo. Police BUREAU 006

NAME John J. Paladino

POSITION TITLE Patrolman

SOCIAL SECURITY NO. [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]

Chgo. Ill. (zip code) 60655

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

Signed [REDACTED]

Date 11 April 1976

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.



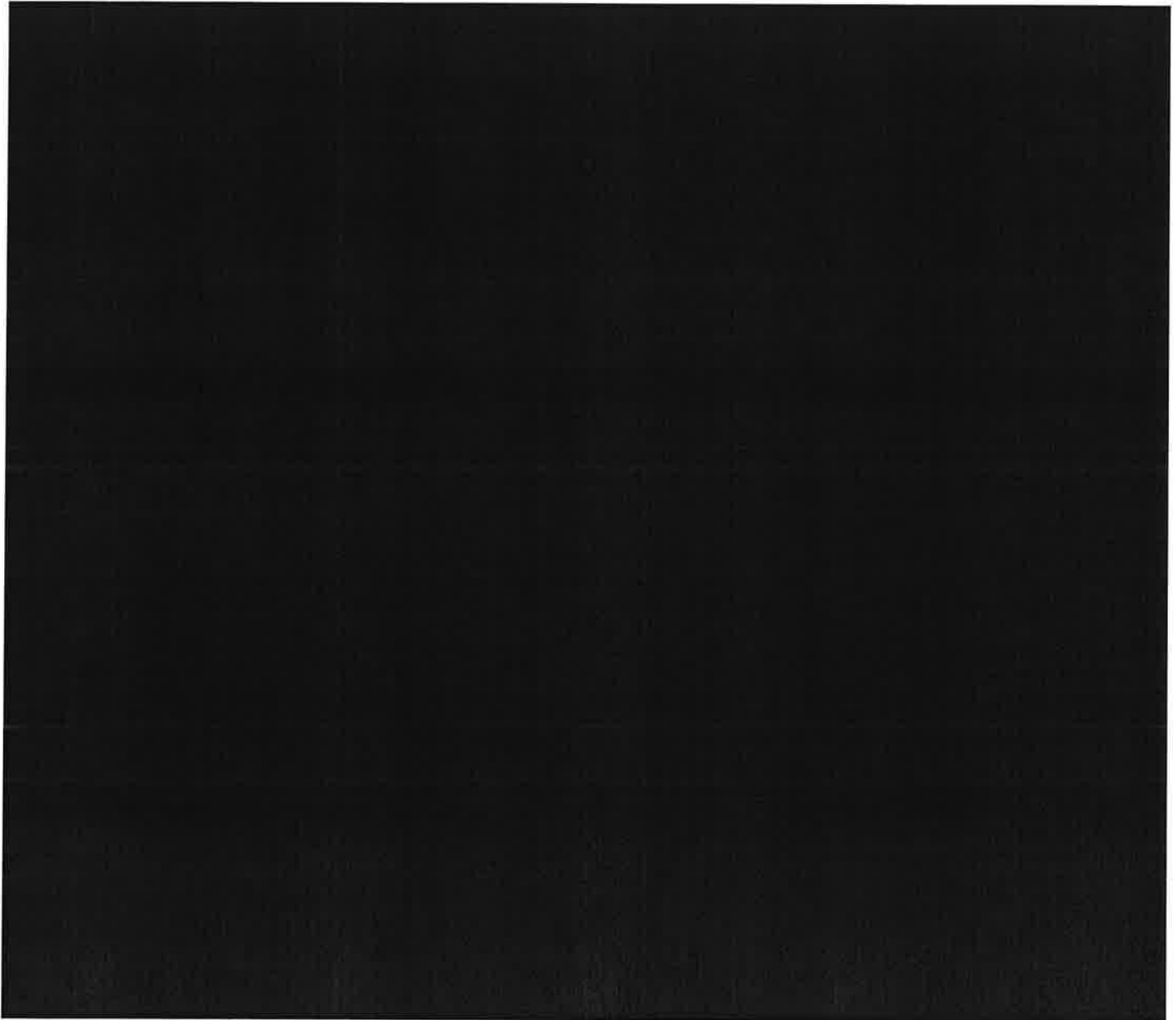
Personnel Section.

19 JUN 68.

To. Commanding Officer Personnel Section.

From. Det. James J. Fahey, Personnel Section.

Subject. Investigation Of Police Candidate - Paladino, John Joseph.
[REDACTED] No Phone.



Cont.

Investigation Of Police Candidate - Paladino, John Joseph.
[REDACTED] No Phone.

[REDACTED]

[REDACTED]

Det. James J. Fahey.
#1915.



City of Chicago
Employee Change of Address Form

Department POLICE Bureau DETECTIVE DIVISION

Name JOHN J. PALADINO

Position title DETECTIVE

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60608

New Address [REDACTED] Zip Code 60616

Effective Date 13 Sep. 86

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.



Signed [REDACTED]

Date 13 Sep 86

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

City of Chicago
Employee Change of Address Form

Department POLICE Bureau Detective Division

Name John J. Paladino

Position title Detective

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60616

New Address [REDACTED] Zip Code 60638

Effective Date 20 Feb. 88

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [REDACTED]

Date 3 FEB. 88

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

Name of Person Making Designation of Beneficiary: John J. Paladino

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "Law Enforcement Officers, Civil Defense Workers, Civil Air Patrol Members, Paramedics, Firemen, Chaplains, and State Employees Compensation Act," 820 ILCS 315/1 et. seq., I hereby designate the following person or persons as beneficiary or beneficiaries, in the event that compensation benefits are payable if I am killed in the line of duty:

Complete name and address
of each beneficiary:

Relationship,
if any:

Percentage Shares:



_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print name (first, middle, last) of person making designation of beneficiary:

JOHN J. PALADINO

Address:



Date of Birth:



Social Security Number:



Place of Employment under the Act: CHICAGO POLICE DEPARTMENT

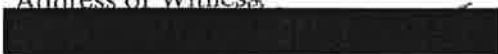
Address: 1121 S. STATE STREET, CHICAGO, ILLINOIS 60605

Signature of Witness:

Signature of person making designation of beneficiary:



Address of Witness:



CHICAGO, IL

Date:

3 DEC. 1998

*Effective January 1, 1996, the beneficiary compensation amount is \$100,000.00

PERSONNEL ACTION REQUEST
CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Use a separate form for each action.

NO

EMPLOYEE TO BE AFFECTED (LAST - FIRST - MI)

Paladino, John, J.

STAR NO.

9938

EMPLOYMENT

PAYROLL

CLASS & PAY

RARDEN

BONDS & INSURANCE

JACKET FILE

STRENGTH DECK

MEDICAL

JOB TITLE

Detective

SOCIAL SECURITY NO.

EFFECTIVE DATE

31 Oct.83

DISTRICT/UNIT

622

ROUTING
PERSONNEL DIV
USE ONLY

TYPE OF ACTION

CHECK TYPE OF ACTION HERE
(DO NOT CHECK MORE THAN ONE)INFORMATION REQUIRED
(SPECIFY IN "REMARKS SECTION" BELOW)SIGNATURES
REQUIRED

EXCUSED WITHOUT PAY - DISCIPLINARY

GIVE DATE ACTION IS EFFECTIVE; CIRCUMSTANCES AND C.R. NO.

UNIT C.O.

EXCUSED WITHOUT PAY - NON-DISCIPLINARY

GIVE DATE ACTION IS EFFECTIVE AND CIRCUMSTANCES

UNIT C.O.

LEAVE, DISABILITY PENSION (DUTY RELATED)

GIVE EFFECTIVE DATE, ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
CHIEF POLICE SURGEON

LEAVE, DISABILITY PENSION (NON-DUTY RELATED)

GIVE EFFECTIVE DATE, ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
CHIEF POLICE SURGEON

LEAVE, MILITARY (ANNUAL ENCAMPMENT)

GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, MILITARY - WITHOUT PAY

GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, OTHER (20 DAYS AND UNDER)

GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, OTHER (30 DAYS AND OVER)

GIVE EFFECTIVE DATE AND REASON (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O., DEP. Supt. B.A.S.

LEAVE, EXTENSION OF

GIVE DATES AND REASON (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O.

MARRIAGE LEAVE

GIVE DATES REQUESTED IN REMARKS SECTION

MEMBER, UNIT C.O.

NAME CHANGE

GIVE NEW NAME, IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION

MEMBER, UNIT C.O.

PERSONNEL REQUEST, ADDITIONAL CIVILIAN

GIVE BUDGET AUTHORIZATION, JOB TITLE, NUMBER REQUESTED AND REASON

UNIT C.O., DIV. C.O., DEP. Supt.

RESIGNATION TO ACCEPT PENSION

GIVE DATE, GIVE D.O.B.

AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING
OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL
AFFAIRS DIV. & PAYROLL/FINANCE DIV. BY FAX PHONEMEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O.

RESIGNATION

GIVE DATE AND REASON

MEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O.

SECONDARY EMPLOYMENT

COMPLETE SECONDARY EMPLOYMENT SECTION BELOW, SIGN AGREEMENT ON REVERSE SIDE

MEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O.

TRANSFER REQUEST

GIVE UNIT OF ASSIGNMENT REQUESTED, REASON, HOME ADDRESS, DATE OF APPOINTMENT, DATE ASSIGNED
TO CURRENT UNIT (FORWARD WHITE COPY TO PERSONNEL DIV. WITH MEMBER'S SIGNATURE ONLY)MEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O., DEP. Supt.

SECONDARY EMPLOYMENT (SIGN AGREEMENT ON REVERSE SIDE)

NAME OF FIRM OR BUSINESS

ADDRESS

DISTRICT NO. OF FIRM/BUSINESS

TELEPHONE NO.

FIRM'S PRODUCT OR SERVICE

HOURS PER DAY

DAYS PER WEEK

TOTAL HOURS PER WEEK

EXPECTED LENGTH OF JOB

DUTIES (BE SPECIFIC; USE REMARKS SECTION FOR ADDITIONAL SPACE)

(LEAVE
BLANK)

EXPIRATION DATE (IF APPROVED)

REMARKS SECTION

SIGNATURES

☐ RECOMMEND
APPROVAL
☐ DISAPPROVAL

SIGNATURE & TITLE

☐ RECOMMEND
APPROVAL
☐ DISAPPROVAL

SIGNATURE & TITLE

FOR PERSONNEL DIVISION USE ONLY

☐ RECOMMEND
APPROVAL
☐ RECOMMEND
DISAPPROVAL

SIGNATURE

☒ APPROVED
☐ DISAPPROVED

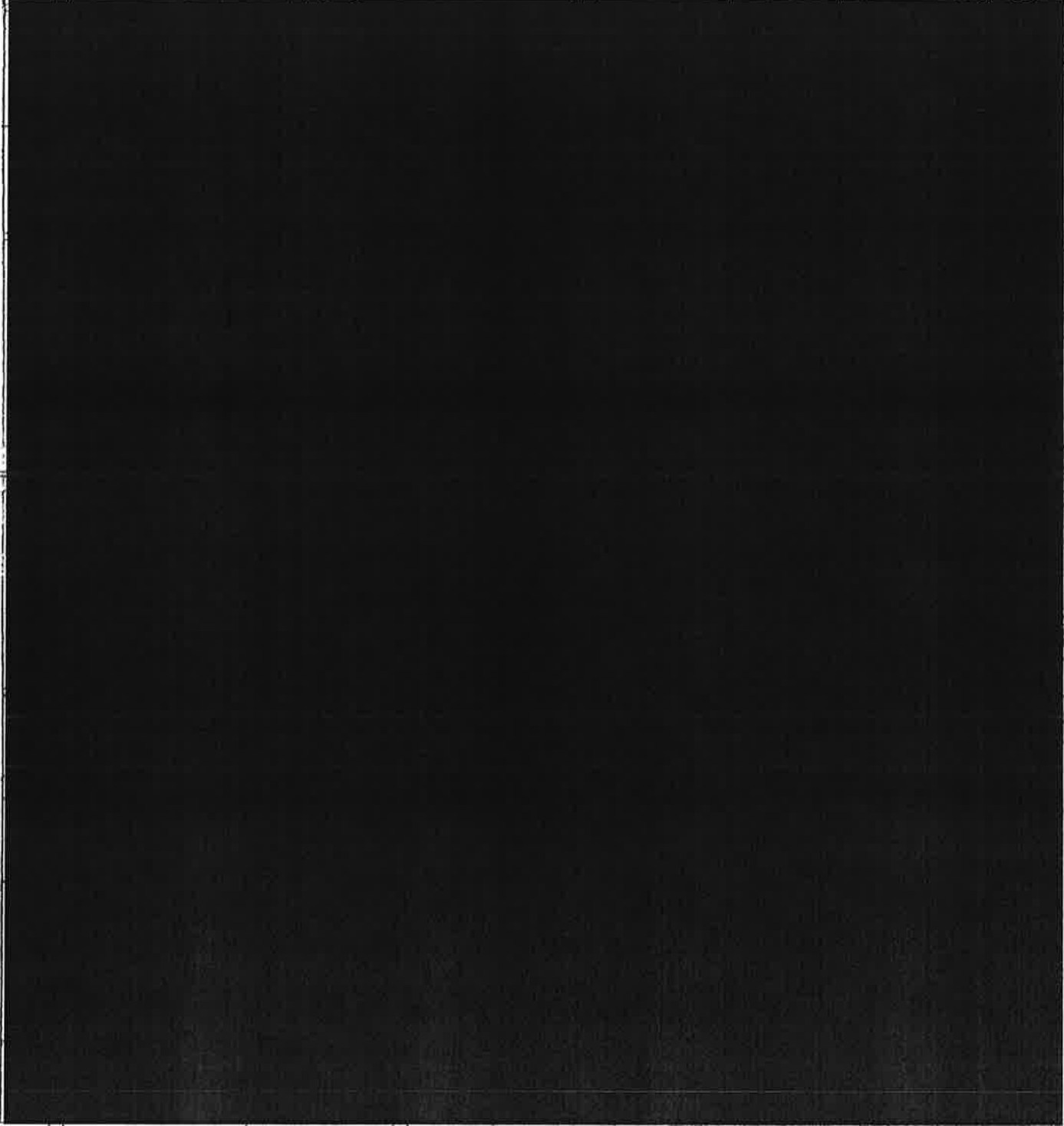
COMMENTS

I.A.D. CLEARANCE AS OF:

CHICAGO POLICE DEPARTMENT/training division

FINAL GRADE REPORT
Recruit Training

LAST NAME	First Name	M.I.	Star #	Group	Date Appointed
PALADINO	John	J.	9938	68-15B	22 July 68
Homeroom Instructor			Star #	Rank	Date Graduated
Sgt. M. INVERGO			1606	Sgt.	25 October 68

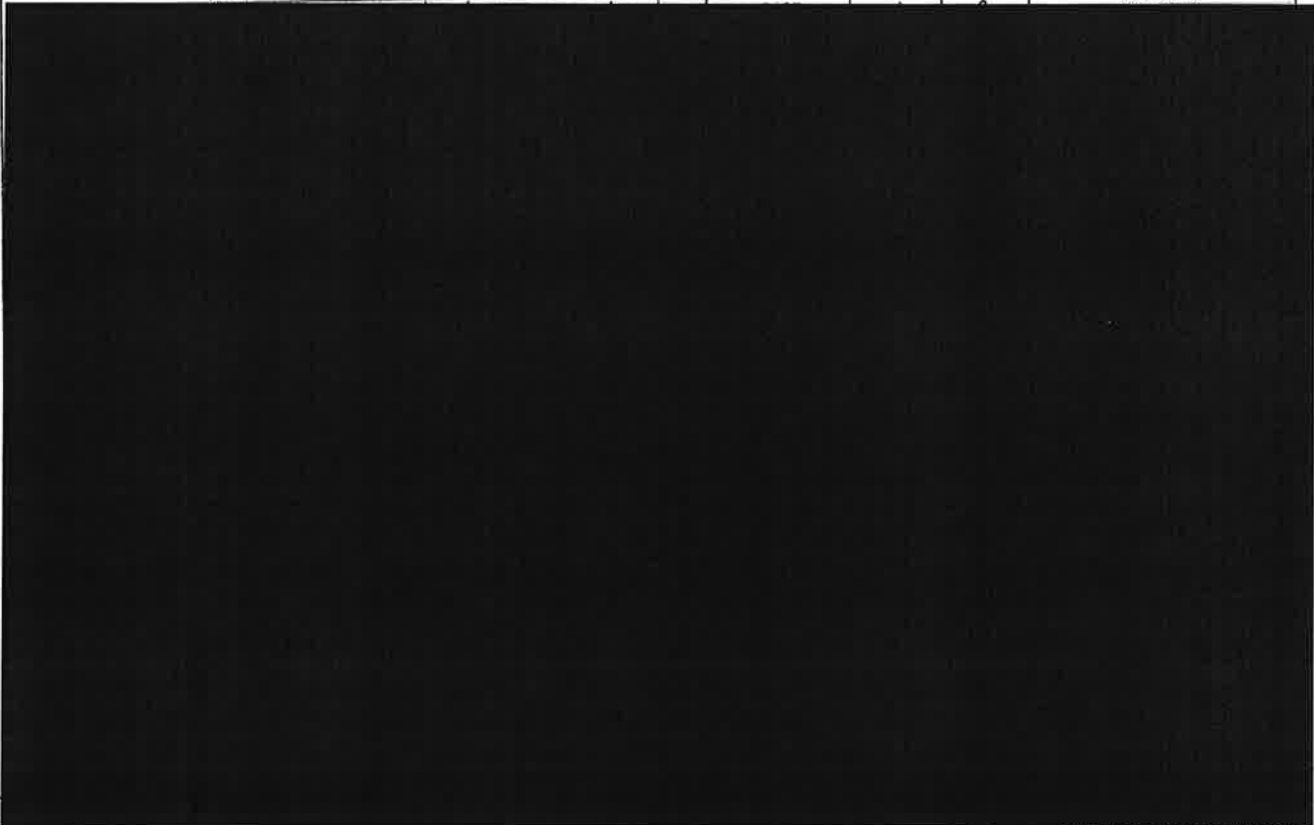


NAME PALADINO
(Last)

JOHN
(First)

JOSEPH
(Middle)

Rank _____ No. In Class _____
Scholastic Average _____
FAILURES



(Bl. 113)



ENVELOPE FOR STUDENT'S RECORD

CHICAGO PUBLIC SCHOOLS



DATE 1st March 68

SUMMARY OF
PROBATIONARY PATROLMAN'S EVALUATION

NAME PAADINO, JOHN J. STAR 9938 GROUP 68-15A

APPOINTED C.S. ^{T.A.} 22 July 68 ASSIGNED TO 081 DATE 27 Oct 68

TRAINING ACADEMY

GRADUATED 25 Oct. 68 EXAM AVERAGE

FIELD TRAINING

WEEK IN FIELD	<u>GOOD</u>	<u>ACCEPTABLE</u>	<u>UNSATISFACTORY</u>
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100			

5th week

8th week

11th week

MEDICAL HISTORY

DAYS LCST

REASON

INTERNAL INVESTIGATION DIV.

C.R. #

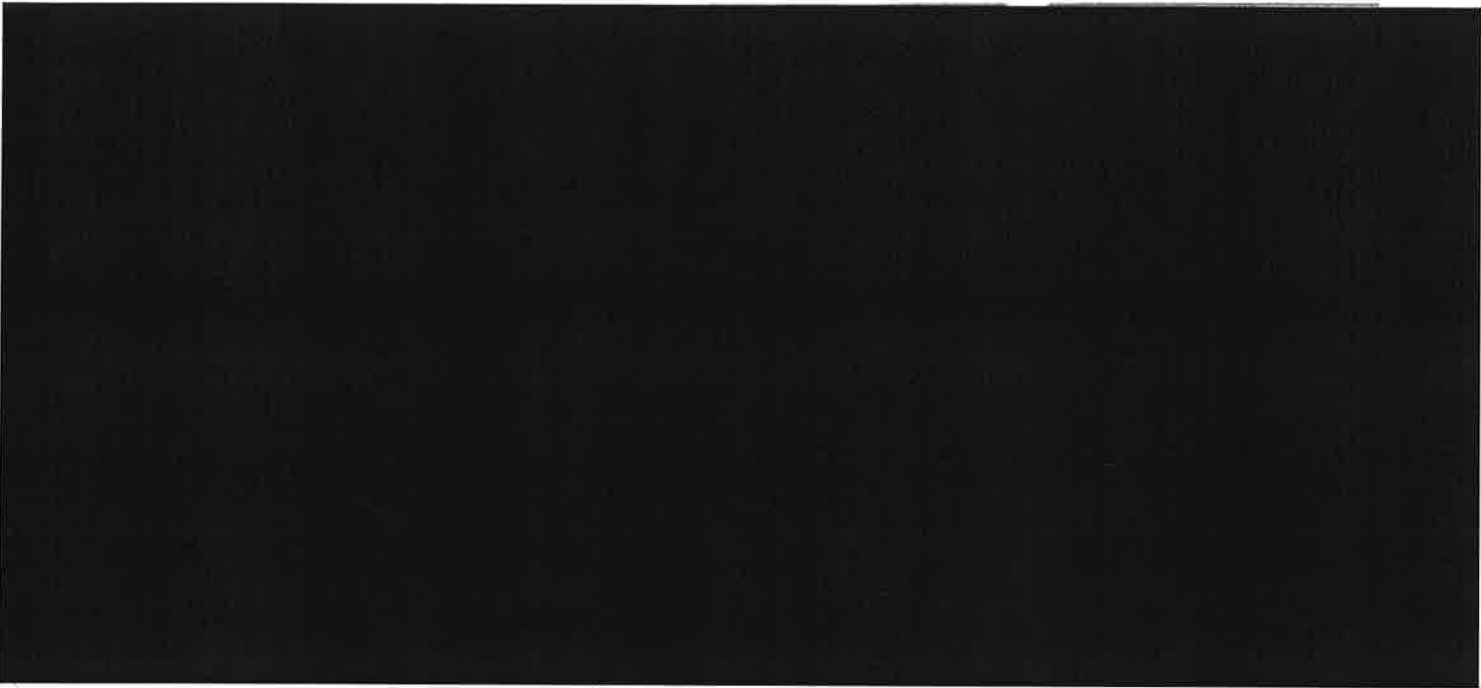
COMPLAINT:

DISCIPLINARY ACTION

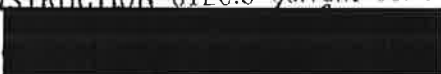
RECOMMENDATION

ACCEPTABLE _____ TO BE REVIEWED BY DIRECTOR

COMMENT



I certify that I have been informed of
and understand the provisions of BUMED
INSTRUCTION 6120.6 current series.



None

(Use additional sheets if necessary)



REPORT OF MEDICAL EXAMINATION

88-105
0109-200-7002

comment. Continue in item 73 and use additional sheets if necessary.)

#39. None noted

(Continue in item 73)

NAME (LAST) PALADINO, John	(FIRST) J.	(M.I.)	STAR NO. 9938	EMPLOYEE NO.	SOCIAL SECURITY NO.	APPOINTMENT DATE 22 July 68	<input checked="" type="checkbox"/> POLICE <input type="checkbox"/> CIVILIAN
SEX MALE			YEAR OF BIRTH 13	MONTH 5	DAY 14	YEAR 46	
HEIGHT 5'9"			WEIGHT 160	COLOR HAIR BRN.		COLOR EYES BRN.	
PHYSICAL DISABILITIES							

HELMET # **19260**

EDUCATION

MILITARY SERVICE
PREVIOUS OCCUPATIONS
PROMOTIONS

FIREARMS

EFFICIENCY RATINGS

MAKE	SERIAL NO.	CAL.	BARREL LENGTH	YEAR	JAN-JUNE	JULY-DEC.	YEAR	JAN-JUNE	JULY-DEC.	YEAR	JAN-JUNE	JULY-DEC.
<i>Arct</i>		<i>357</i>	<i>4"</i>	<i>68</i>								
<i>Colt</i>		<i>357</i>	<i>4"</i>	<i>69</i>								
<i>Colt R306264</i>		<i>357</i>	<i>4"</i>	<i>70</i>								
<i>S&W. COMBAT MASTER</i>		<i>38</i>	<i>2"</i>	<i>71</i>								
				<i>72</i>								
				<i>73</i>								
				<i>74</i>								
				<i>75</i>								

PALADINO JOHN J
20471
RES 003 EMP
9165 UNIT 606 SSN
CSC 21AUG68 SEN 21AUG68

2003 SWORN S.W. TIM
TENDANCE RECORD

FUR. SEG. 1 FUR. SEG. 2

CYCLE		ACTUAL		OVERT.		COMP.		TIME		PAY		HOURS		CYCLE		ACTUAL		OVERT.		COMP.		TIME		PAY		HOURS	
1		SP		SP		SP		SP		SP		SP		2		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
5 JAN		6		7		8		9		10		11		12		13		14		15		16		17		18	
ACTUAL		OVERT.		COMP.		TIME		PAY		HOURS		ACTUAL		OVERT.		COMP.		TIME		PAY		HOURS		ACTUAL		OVERT.	
19 JAN		20		21		22		23		24		25		26		27		28		29		30		31		1 FEB	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
2 FEB		3		4		5		6		7		8		9		10		11		12		13		14		15	
ACTUAL		OVERT.		COMP.		TIME		PAY		HOURS		ACTUAL		OVERT.		COMP.		TIME		PAY		HOURS		ACTUAL		OVERT.	
16 FEB		17		18		19		20		21		22		23		24		25		26		27		28		1 MAR	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
2 MAR		3		4		5		6		7		8		9		10		11		12		13		14		15	
ACTUAL		OVERT.		COMP.		TIME		PAY		HOURS		ACTUAL		OVERT.		COMP.		TIME		PAY		HOURS		ACTUAL		OVERT.	
16 MAR		17		18		19		20		21		22		23		24		25		26		27		28		29	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
20 MAR		21		22		23		24		25		26		27		28		29		30		31		1 APR		2	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
22 MAR		23		24		25		26		27		28		29		30		31		1 APR		2		3		4	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
24 MAR		25		26		27		28		29		30		31		1 APR		2		3		4		5		6	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
26 MAR		27		28		29		30		31		1 APR		2		3		4		5		6		7		8	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
28 MAR		29		30		31		1 APR		2		3		4		5		6		7		8		9		10	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
30 MAR		31		1 APR		2		3		4		5		6		7		8		9		10		11		12	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
1 APR		2		3		4		5		6		7		8		9		10		11		12		13		14	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
3 APR		4		5		6		7		8		9		10		11		12		13		14		15		16	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
5 APR		6		7		8		9		10		11		12		13		14		15		16		17		18	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
7 APR		8		9		10		11		12		13		14		15		16		17		18		19		20	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
9 APR		10		11		12		13		14		15		16		17		18		19		20		21		22	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
11 APR		12		13		14		15		16		17		18		19		20		21		22		23		24	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
13 APR		14		15		16		17		18		19		20		21		22		23		24		25		26	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
15 APR		16		17		18		19		20		21		22		23		24		25		26		27		28	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
17 APR		18		19		20		21		22		23		24		25		26		27		28		29		30	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
19 APR		20		21		22		23		24		25		26		27		28		29		30		31		1 MAY	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
21 APR		22		23		24		25		26		27		28		29		30		31		1 MAY		2		3	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
23 APR		24		25		26		27		28		29		30		31		1 MAY		2		3		4		5	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
25 APR		26		27		28		29		30		31		1 MAY		2		3		4		5		6		7	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
27 APR		28		29		30		31		1 MAY		2		3		4		5		6		7		8		9	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
29 APR		30		31		1 MAY		2		3		4		5		6		7		8		9		10		11	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
1 MAY		2		3		4		5		6		7		8		9		10		11		12		13		14	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
3 MAY		4		5		6		7		8		9		10		11		12		13		14		15		16	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
5 MAY		6		7		8		9		10		11		12		13		14		15		16		17		18	
CYCLE		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP		SP	
OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY		HOURS		OVERT.		COMP.		TIME		PAY	
7 MAY		8		9		10		11		12		13		14		15		16		17		18		19		20	
CYCLE																											

02-258

PERSONNEL ACTION REPORT

40

INITIALS

EFF DATE 1-1-02

SOC SEC NO

EMP NAME

PALADINO, John J.

ACTION

Activity Change

DEPT

Police

TITLE FROM

TO

Police Officer/As Detective

ACT CODE	CHARGEABLE TO				BARG UNIT	TITLE CODE	BUDGETED PAYRATE	F P	CLASS GR	PAYROLL NUMBER	PAYRATE		STATUS
	FUND	DEPT	SECT/SUB	UNIT							AMOUNT	ANNUAL AMT	
FROM	100	57	4090	91		9165							
TO	100	57	3240	91		9165	50,052		F D-2	1180	5184.50	62,214	CS
ORG	1005		DIV	2030					F D-2	1180	5184.50	62,214	CS

REMARKS

SHAK EX
YES ☐ NO ☐

PREPARED BY	Bailey	1-29-02	DATE	5-5670	EXT.	APPROVED OOP	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE
BUREAU	For the Superintendent		DATE			APPROVED B D	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE
DEPT HEAD			DATE			APPROVED	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE
NEW HIRE			DATE					DATE
ADDRESS								DATE

ZIP

PERS
ONLY

STATE OF ILLINOIS
County of Cook
CITY OF CHICAGO

STAR

9938

I,

John J. PALADINO

(PRINT)

having been appointed to the

office of

PATROL MAN

do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois; and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

Subscribed and sworn to before me, this

22 day of July 19 01

SIGNATURE

ADDRESS

(PRINT)

NOTARY PUBLIC

My Commission Expires March 29, 1970

NAME (LAST - FIRST - M.I.)
PALADINO, John

STAR/BADGE NO. 20471

EMPLOYEE NO. [REDACTED]

SOCIAL SECURITY NO. [REDACTED]

APPOINTMENT DATE 22 July 68 (21 Aug 68)

HOME ADDRESS [REDACTED]

ZIP CODE 60638

TELEPHONE NO. [REDACTED]

DATE OF BIRTH [REDACTED]

SEX M

HEIGHT 5'9

WEIGHT 165

COLOR HAIR Black

COLOR EYES Brown

BLOOD TYPE A+

MARITAL STATUS NAME OF SPOUSE [REDACTED]

BENEFICIARY ON INSURANCE [REDACTED]

EMERGENCY NOTIFICATION, IF DIFFERENT THAN ABOVE (NAME & TELEPHONE NO.)

POLICE TRAINING & SPECIAL QUALIFICATIONS (SPECIAL LANGUAGE SKILLS)
RAMIS 101- 23&24 Jun 90 *W.S. RIVOLER 100190 T.S. RAMIS SEN. SHMAY-2011*

FIREARMS				EQUIPMENT		PERFORMANCE RATINGS			
MAKE	SERIAL NO.	CAL.	BARREL LENGTH	ITEM	NUMBER	YEAR	JAN - JUNE	JULY - DEC	YEAR
Colt	[REDACTED]	357	4	HELMET Buco	19260	82			89
S&W Combat		38	2	LOCKER		83			90
				Safety Vest	5311892	84			91
				Raid Cap	Raid 10 Aug 92	85			92
						86			93
						87			94
						88			95

AWARDS, COMMENDATIONS & CITATIONS			ORIGIN & NATURE	
DATE	ORIGIN & NATURE	DATE	ORIGIN & NATURE	
1981	5 Honorable Mentions	13 Apr 90	H.M. RD# N-165116	
24 Sept 82	P.O. 82-369 Meritorious Performance	1991	<i>W.S. RIVOLER 100190</i>	
1982	2 Honorable Mentions			
28 Apr 88	H.M. RD# K-167024			
14 Jan 89	H.M. RD# M-021900			
22 Dec 89	H.M. RD# M-587566			
23 Mar 90	H.M. RD# N-107907			

THE UNIVERSITY OF CHICAGO

NAME CHECK RECORDS INQUIRY SECTION - ROOM 209 CHICAGO POLICE DEPARTMENT Arrest - name check only NO RECORD RECORD ATTACHED DATE <u>MAR 27 1968</u> CHECKED BY <u>300</u>		GRAPHIC ARTS - ROOM 406 <input type="checkbox"/> PHOTO TAKEN <input type="checkbox"/> ADDRESSOGRAPH PLATE MADE INITIALS 2360		TO BE COMPLETED ONLY FOR CIVIL SERVICE TRANSFERS IN & RE- INSTATMENTS PROM 87	
SECURITY CLEARANCE - ROOM 505 NEGATIVE (INTELL. FILES) JUN 13 1968 [REDACTED]		RECORDS & TRANSACTIONS - RM. 301 INITIALS 2360		ORIGINAL DATE OF APPOINTMENT	
IDENTIFICATION CLEARANCE - ROOM 404 FINGERPRINTED LOCAL & F.B.I. AT IDENT. SECT. IDENT. SECT. U. E. G. GESE - IDENT. SECT. F.B.I.		C. S. 10 & 11 DATE BY		FURLOUGH DAYS TAKEN THIS YEAR	
RECORD INDICATED BY APPLICANT		ACCUMULATED SICK TIME ENTITLEMENT		NET REDUCTIONS FROM DATE OF CONTINUOUS SERVICE	

**PERSONNEL ACTION REQUEST
CHICAGO POLICE DEPARTMENT**

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)
PALADINO, JOHN, J.

STAR / BADGE NO.
20471

TODAY'S DATE
02 Jan. 2003

EMPLOYEE NO.
[REDACTED]
SOCIAL SECURITY NO.
[REDACTED]

UNIT ASSIGNED
606/630

EFFECTIVE DATE
18 Jan. 2003 *C.O.B.*
JOB TITLE
Detective

CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE)	TYPE OF ACTION INFORMATION REQUIRED (ENTER INFORMATION IN "REMARKS SECTION" BELOW)	SIGNATURES REQUIRED
EXCUSED WITHOUT PAY - DISCIPLINARY	GIVE EFFECTIVE DATE, CIRCUMSTANCES & C.R. NO.	UNIT C.O.
EXCUSED WITHOUT PAY - NON-DISCIPLINARY	GIVE EFFECTIVE DATE & CIRCUMSTANCES.	UNIT C.O.
ABSENCE WITHOUT PAY - AWOP	GIVE EFFECTIVE DATE & CIRCUMSTANCES. STATE WHETHER OR NOT MEMBER NOTIFIED SUPERVISOR.	UNIT C.O.
TERMINATION - JOB ABANDONMENT	GIVE EFFECTIVE DATE: F.O.P. - ACTION TAKEN AFTER 4 CONSECUTIVE WORKDAYS AWOP AFSCME & UNIT II - ACTION TAKEN AFTER 5 CONSECUTIVE WORKDAYS AWOP	UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, DISABILITY PENSION - SWORN ONLY	ATTACH MEDICAL REPORTS, COMPLETE REVERSE SIDE.	MEMBER, MEDICAL DIRECTOR
LEAVE, MILITARY (PAID ENCAMPMT.-14 DAYS MAX.)	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER, COMPLETE REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, MILITARY - WITHOUT PAY	GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS, COMPLETE REVERSE SIDE IF OVER 29 DAYS, ALSO ATTACH PER-73 (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT).	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
UNPAID ABSENCE (29 DAYS AND UNDER) - NO INSURANCE BENEFITS	GIVE REASON & RETURN DATE, COMPLETE AND SIGN REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, OTHER (30 DAYS AND OVER)	GIVE REASON & LENGTH OF LEAVE REQUESTED, COMPLETE REVERSE SIDE. ATTACH PER-73, (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT).	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT. B.A.S.
LEAVE, EXTENSION OF	GIVE DATES & REASON, COMPLETE REVERSE SIDE ATTACH PER-73 (CITY REQUEST FOR LEAVE).	MEMBER
MARRIAGE LEAVE	GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME.	MEMBER, UNIT C.O.
NAME CHANGE	GIVE NEW NAME. IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION / EXPLANATION.	MEMBER, UNIT C.O.
RETIREMENT	GIVE EFFECTIVE DATE. ATTACH PER-78 (EXIT INTERVIEW REPORT). AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIVISION AND THE PAYROLL / FINANCE DIVISION BY FAX/TELEPHONE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
RESIGNATION	GIVE EFFECTIVE DATE & REASON.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
SEPARATION TO ACCEPT OTHER CITY POSITION / TITLE	GIVE EFFECTIVE DATE, NEW JOB TITLE & NAME OF NEW CITY DEPARTMENT.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
DEATH IN FAMILY	GIVE DATES & RELATIONSHIP TO DECEASED.	UNIT C.O.
TRANSFER REQUEST	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT.
RECOGNIZED OPENING BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER
RECOGNIZED VACANCY BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER

PERSONNEL TRANSFER & ASSIGNMENT SECTION					
UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO.	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO. <input type="checkbox"/> RECOGNIZED VACANCY LISTING ADMINISTRATIVE MESSAGE FACSIMILE NETWORK NO.:		POSITION REQUESTED	
DATE SUBMITTED	TIME SUBMITTED	COMMANDING OFFICER / WATCH COMMANDER'S SIGNATURE			STAR NO.

REMARKS SECTION

Retirement to accept pension *C.O.B. 15 January 2003* Effedtive: 16 January 2003

Finance Div. Notified: *03 JANUARY 03 0905 hrs. CIV. BELL*

I.A.D. Notified: *03 JAN. 03 0910 hrs. P.O. PIENTA*

SIGNATURES	
<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL	<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL
FOR PERSONNEL DIVISION / BUREAU OF ADMINISTRATIVE SERVICES	
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED

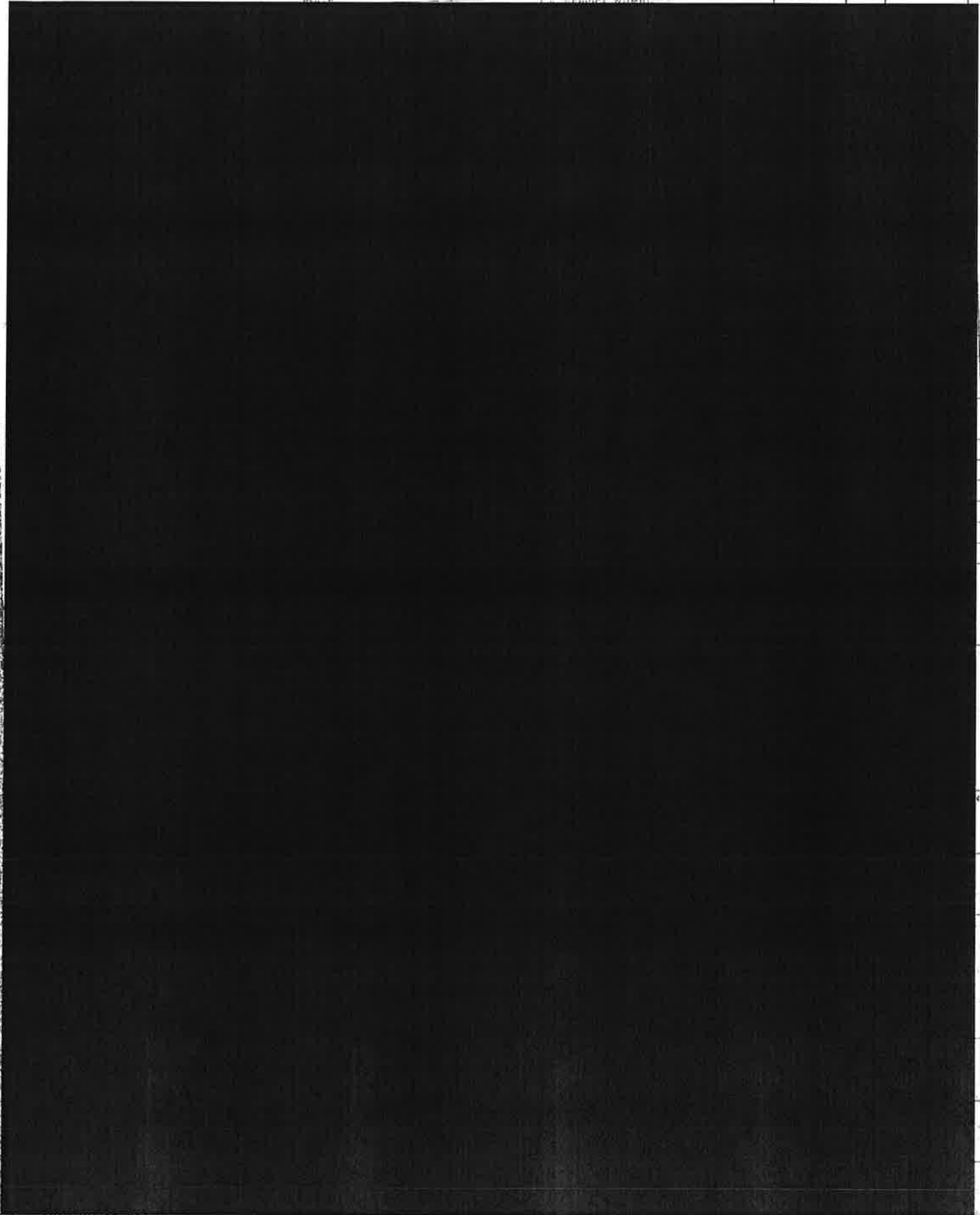
COMMENTS

Please entry 091-10-03

I.A.D. CLEARANCE
AS OF:

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

3. SOCIAL SECURITY NUMBER



STATE OF ILLINOIS)
COUNTY OF COOK)

DISTRICT NO. 193

I, Dorothy Brown, Clerk of the Circuit Court of Cook County, Illinois by virtue of the power and authority vested in me by the laws of the State of Illinois, hereby appoint JOHN J. PALADINO a Deputy Clerk of said Court and during the time he/she shall be such Deputy, I hereby authorize and empower him/her only to administer oaths in my name to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, and accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed.

Given under my hand Dec 8, 2000

DOROTHY BROWN
Clerk of the Circuit Court of Cook County, Illinois

By [REDACTED] Deputy Clerk

The undersigned, having duly qualified as a Deputy Clerk of the Circuit Court of Cook County, Illinois, does hereby accept the appointment as a Deputy Clerk for the sole and only purpose of administering oaths to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed. The undersigned waives and will not claim additional compensation for serving in said limited capacity as a Deputy Clerk.

[REDACTED]
Officer's Signature

CHICAGO POLICE DEPT.
By Whom Employed

STATE OF ILLINOIS)
COUNTY OF COOK)

I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Illinois and that I will faithfully discharge the duties of the Office of a Deputy Clerk of the Circuit Court of Cook County, Illinois to the best of my ability.

[REDACTED]
Officer's Signature

JOHN J. PALADINO Det. 20471
(Please Print) Officer's Name Rank Star No.

SIGNED AND SWORN to before me

Dec. 8, 2000
Dorothy Brown
Clerk of the Circuit Court of Cook County

By [REDACTED] Deputy Clerk

CANDIDATE INTERVIEW RATING
ORGANIZED CRIME DIVISION/CHICAGO ICE

DATE OF INTERVIEW - TIME
10 August 1991 1000

CANDIDATE (RANK - NAME)

STAR NO.

DET. PALADINO, John J.

9938

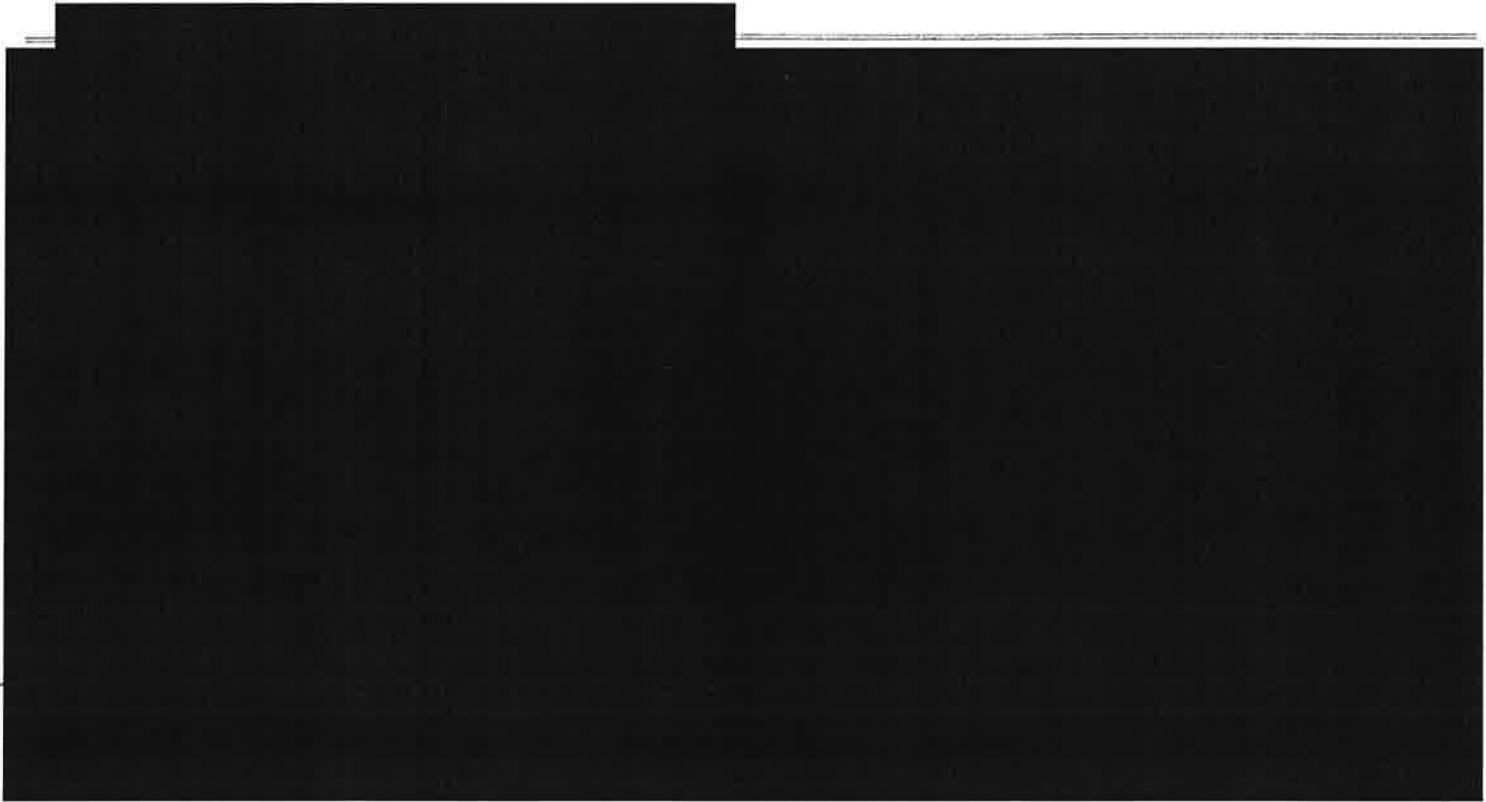
POSITION SOUGHT

UNIT/SQUAD

Investigator

193/ Intelligence Section

LOCATION OF INTERVIEW



RATED BY - PRINT RANK, NAME

STAR NO.

SIG

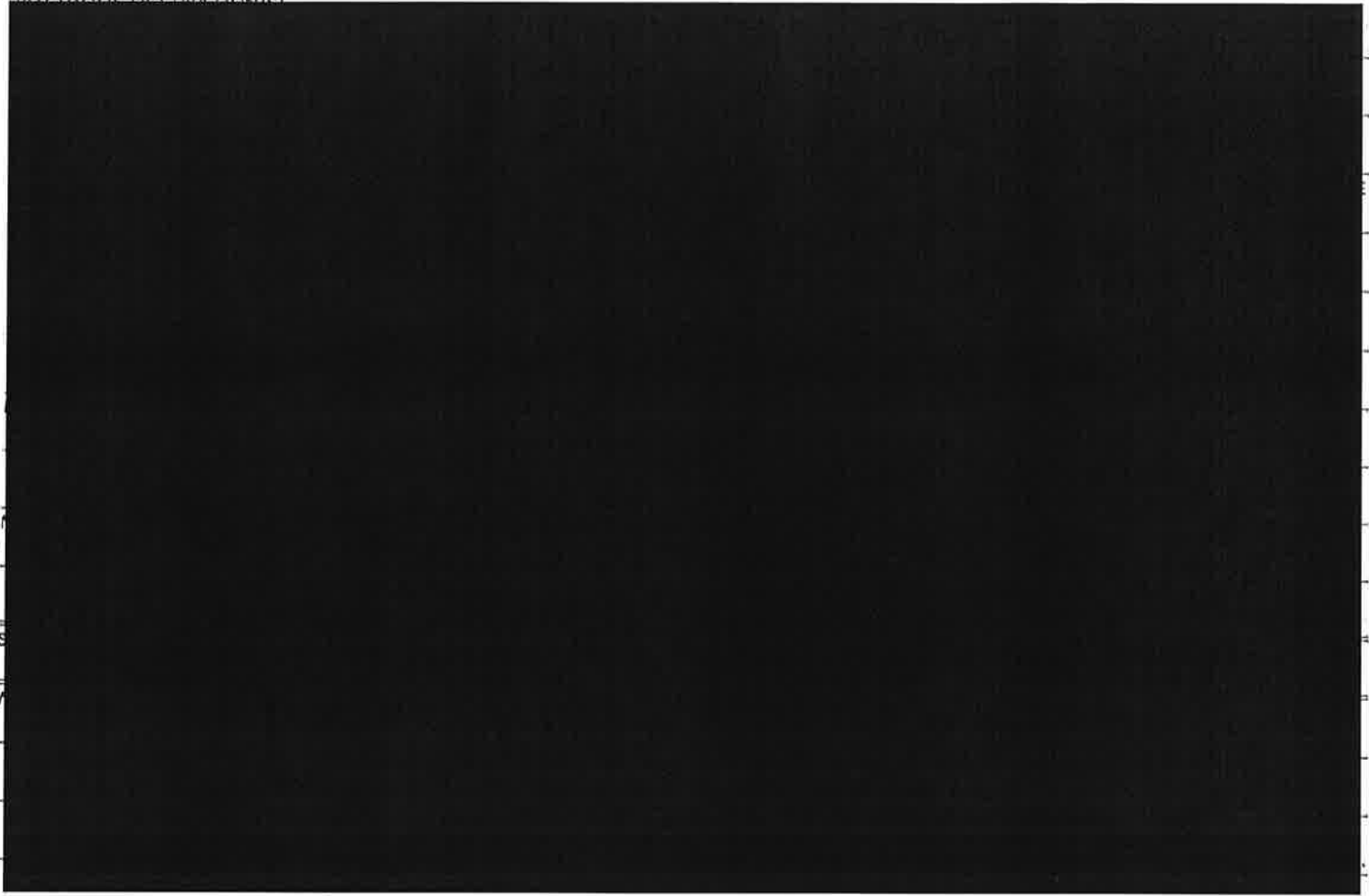
Lt. John Guarneri

359

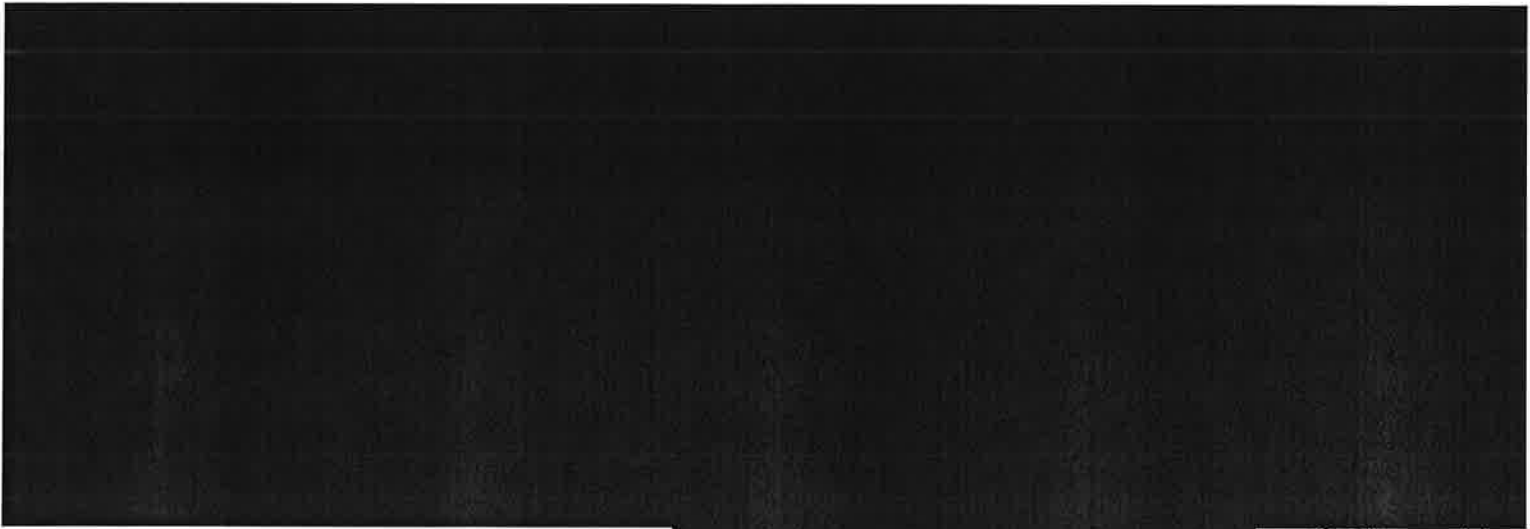


EXEMPT COMMANDING OFFICER'S REVIEW/NOTATIONS (ADD INITIALS & DATES AS APPROPRIATE)

PREVIOUS OCCUPATIONS



Four horizontal lines for writing, currently blank.



APPLICATION/ORGANIZED CRIME DIVISION
BUREAU OF INVESTIGATIVE SERVICES

☐ ADMINISTRATIVE GROUP ☒ INTELLIGENCE SECTION
☐ NARCOTICS SECTION ☐ VICE CONTROL SECTION

MUST BE TYPED OR PRINTED
ANSWER ALL QUESTIONS ON FRONT
AND REVERSE OF APPLICATION

DATE OF APPLICATION

6 Aug. 91

NAME (LAST - FIRST - M.I.)

PALADINO, John, J.

RANK

Det.

STAR NO.

9938

EMPLOYEE NO.

HOME ADDRESS

ZIP CODE

60638

HOME TELEPHONE NO.

DATE OF BIRTH

46

SEX/RACE

M/N

SOCIAL SECURITY NO.

APPOINTMENT DATE

22 Jul. 68

PROMOTION DATE(S)

To Det. Sep. 77

PRESENT UNIT/ASSIGNMENT

A/3/ Violent Crimes

PAX

9-311

BELL

747-8280

STATE OF ILLINOIS)
COUNTY OF COOK) SS

DISTRICT NO. 193

I, Aurelia Pucinski, Clerk of the Circuit Court of Cook County, Illinois by virtue of the power and authority vested in me by the laws of the State of Illinois, hereby appoint JOHN PALADINO

 Deputy Clerk of said Court and during the time he/she shall be such Deputy, I hereby authorize and empower him/her only to administer oaths in my name to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, and accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed.

Given under my hand 9 Dec, 1996

Aurelia Pucinski
Clerk of the Circuit Court of Cook County, Illinois

By W. Barborec Deputy Clerk

The undersigned, having duly qualified as a Deputy Clerk of the Circuit Court of Cook County, Illinois, does hereby accept the appointment as a Deputy Clerk for the sole and only purpose of administering oaths to persons who sign complaints for violation of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed. The undersigned waives and will not claim additional compensation for serving in said limited capacity as a Deputy Clerk.

[Redacted Signature]
Officer's Signature

Chicago Police Dept
(By Whom Employed)

STATE OF ILLINOIS)
COUNTY OF COOK) SS

I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Illinois and that I will faithfully discharge the duties of the Office of a Deputy Clerk of the Circuit Court of Cook County, Illinois to the best of my ability.

[Redacted Signature]
Officer's Signature

JOHN PALADINO

Officer's Name (Please Print)

Detective

Officer's Rank

20471
Star No.

SIGNED AND SWORN to before me

9 Dec, 1996
[Redacted Signature]
Clerk of the Circuit Court of Cook County, Illinois

By [Redacted Signature] Deputy Clerk

W. B. E. & Co.
No. 100 N. Main St.

20471
RES 008 EMP

9165 UNIT 193 SSN
CSD 21AUG68 SEN 21AUG68 DCASMA

BFD GRANTED										BFD CARRYOVER		TOTAL	P DAYS GRANTED		P DAYS CARRYOVER	TOTAL	ACCUMULATED FULFILLING TIME		
100	V	SU	DA	ML	P	OUT OF GRADE	P	OUT OF GRADE	P	100	V	SU	DA	ML	P	OUT OF GRADE	P	OUT OF GRADE	P
SP	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	SP	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD	BALANCE FORWARD
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0021 SWORN

2000 SWORN TIME &
ATTENDANCE RECORD

PALADINO JOHN J
20471
RES 008 EMP
9165 UNIT 193 SSN
CSD 21AUG68 SEN 21AUG68

ADDRESS

TRIAL SECURITY NO.

SENIORITY DATE

STAR NO.

8FD
CRANED

PERSONAL DA
CRANED

ACC FURLD
VAC TIME

CYCLE	DATE	TIME	IN	OUT	SP	DA	SU	MLA	ANR	ML	OUT OF	GRADE	8FD	STAR NO.	8FD	CRANED	PERSONAL DA	ACC FURLD
1	8/1	18	08	18	25	25					1	1						
2	8/2	18	08	18	25	25					1	1						
3	8/3	18	08	18	25	25					1	1						
4	8/4	18	08	18	25	25					1	1						
5	8/5	18	08	18	25	25					1	1						
6	8/6	18	08	18	25	25					1	1						
7	8/7	18	08	18	25	25					1	1						
8	8/8	18	08	18	25	25					1	1						
9	8/9	18	08	18	25	25					1	1						
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26	8/26	18	08	18	25	25					1	1						
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29	8/29	18	08	18	25	25					1	1						
30	8/30	18	08	18	25	25					1	1						

PALADINO JCHN J
20471
RES 008 EMP
9165 UNIT 193 SSN
CSD 21AUG68 SEN 21AUG68

2000 SWORN TIME & ATTENDANCE RECORD		NAME		EMPLOYEE NO.		SOCIAL SECURITY NO.		SENIORITY DATE		STAR NO.		BED GRANTED		PERSONAL DAYS TAKEN		AGE IN/OUT VAC TIME																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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OTHER		BALANCE FORWARD		3 USED		4 BALANCE		5 TOTAL EARNED		6 USED		7 BALANCE		8 EARNED		9 BALANCE		10 USED		11 BALANCE		12 EARNED		13 BALANCE		14 USED		15 BALANCE		16 EARNED		17 BALANCE		18 USED		19 BALANCE		20 EARNED		21 BALANCE		22 USED		23 BALANCE		24 EARNED		25 BALANCE		26 USED		27 BALANCE		28 EARNED		29 BALANCE		30 USED		31 BALANCE		32 EARNED		33 BALANCE		34 USED		35 BALANCE		36 EARNED		37 BALANCE		38 USED		39 BALANCE		40 EARNED		41 BALANCE		42 USED		43 BALANCE		44 EARNED		45 BALANCE		46 USED		47 BALANCE		48 EARNED		49 BALANCE		50 USED		51 BALANCE		52 EARNED		53 BALANCE		54 USED		55 BALANCE		56 EARNED		57 BALANCE		58 USED		59 BALANCE		60 EARNED		61 BALANCE		62 USED		63 BALANCE		64 EARNED		65 BALANCE		66 USED		67 BALANCE		68 EARNED		69 BALANCE		70 USED		71 BALANCE		72 EARNED		73 BALANCE		74 USED		75 BALANCE		76 EARNED		77 BALANCE		78 USED		79 BALANCE		80 EARNED		81 BALANCE		82 USED		83 BALANCE		84 EARNED		85 BALANCE		86 USED		87 BALANCE		88 EARNED		89 BALANCE		90 USED		91 BALANCE		92 EARNED		93 BALANCE		94 USED		95 BALANCE		96 EARNED		97 BALANCE		98 USED		99 BALANCE		100 EARNED		101 BALANCE		102 USED		103 BALANCE		104 EARNED		105 BALANCE		106 USED		107 BALANCE		108 EARNED		109 BALANCE		110 USED		111 BALANCE		112 EARNED		113 BALANCE		114 USED		115 BALANCE		116 EARNED		117 BALANCE		118 USED		119 BALANCE		120 EARNED		121 BALANCE		122 USED		123 BALANCE		124 EARNED		125 BALANCE		126 USED		127 BALANCE		128 EARNED		129 BALANCE		130 USED		131 BALANCE		132 EARNED		133 BALANCE		134 USED		135 BALANCE		136 EARNED		137 BALANCE		138 USED		139 BALANCE		140 EARNED		141 BALANCE		142 USED		143 BALANCE		144 EARNED		145 BALANCE		146 USED		147 BALANCE		148 EARNED		149 BALANCE		150 USED		151 BALANCE		152 EARNED		153 BALANCE		154 USED		155 BALANCE		156 EARNED		157 BALANCE		158 USED		159 BALANCE		160 EARNED		161 BALANCE		162 USED		163 BALANCE		164 EARNED		165 BALANCE		166 USED		167 BALANCE		168 EARNED		169 BALANCE		170 USED		171 BALANCE		172 EARNED		173 BALANCE		174 USED		175 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EARNED		757 BALANCE		758 USED		759 BALANCE		760 EARNED		761 BALANCE		762 USED		763 BALANCE		764 EARNED		765 BALANCE		766 USED		767 BALANCE		768 EARNED		769 BALANCE		770 USED		771 BALANCE		772 EARNED		773 BALANCE		774 USED		775 BALANCE		776 EARNED		777 BALANCE		778 USED		779 BALANCE		780 EARNED		781 BALANCE		782 USED		783 BALANCE		784 EARNED		785 BALANCE		786 USED		787 BALANCE		788 EARNED		789 BALANCE		790 USED		791 BALANCE		792 EARNED		793 BALANCE		794 USED		795 BALANCE		796 EARNED		797 BALANCE		798 USED		799 BALANCE		800 EARNED		801 BALANCE		802 USED		803 BALANCE		804 EARNED		805 BALANCE		806 USED		807 BALANCE		808 EARNED		809 BALANCE		810 USED		811 BALANCE		812 EARNED		813 BALANCE		814 USED		815 BALANCE		816 EARNED		817 BALANCE		818 USED		819 BALANCE		820 EARNED		821 BALANCE		822 USED		823 BALANCE		824 EARNED		825 BALANCE		826 USED		827 BALANCE		828 EARNED		829 BALANCE		830 USED		831 BALANCE		832 EARNED		833 BALANCE		834 USED		835 BALANCE		836 EARNED		837 BALANCE		838 USED		839 BALANCE		840 EARNED		841 BALANCE		842 USED		843 BALANCE		844 EARNED		845 BALANCE		846 USED		847 BALANCE		848 EARNED		849 BALANCE		850 USED		851 BALANCE		852 EARNED		853 BALANCE		854 USED		855 BALANCE		856 EARNED		857 BALANCE		858 USED		859 BALANCE		860 EARNED		861 BALANCE		862 USED		863 BALANCE		864 EARNED		865 BALANCE		866 USED		867 BALANCE		868 EARNED		869 BALANCE		870 USED		871 BALANCE		872 EARNED		873 BALANCE		874 USED		875 BALANCE		876 EARNED		877 BALANCE		878 USED		879 BALANCE		880 EARNED		881 BALANCE		882 USED		883 BALANCE		884 EARNED		885 BALANCE		886 USED		887 BALANCE		888 EARNED		889 BALANCE		890 USED		891 BALANCE		892 EARNED		893 BALANCE		894 USED		895 BALANCE		896 EARNED		897 BALANCE		898 USED		899 BALANCE		900 EARNED		901 BALANCE		902 USED		903 BALANCE		904 EARNED		905 BALANCE		906 USED		907 BALANCE		908 EARNED		909 BALANCE		910 USED		911 BALANCE		912 EARNED		913 BALANCE		914 USED		915 BALANCE		916 EARNED		917 BALANCE		918 USED		919 BALANCE		920 EARNED		921 BALANCE		922 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2001 SWORN TEST
ATTENDANCE PAGE

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RES 008 EMO

RES 008 EMD # 20471

RES 008 EMP # 20471

REF	Q08	END	# 20471	BPD QUANTITY	BPD CARRYOVER	TOT

BFD CARRIER		BFD CARRYOVER		TOTAL	
RFS	008	EMD			
# 20471					

REF ID	REF DATE	REF TIME	REF CARRIER	TOTAL	PRG
# 20471					
RES 008 EMD					

SPD	TANTU	SPD	CARRYOVER	TOTAL	PAYES
# 20471					
RES 008	END				

BFD TRANSFER		BFD CARRYOVER		TOTAL	
RES	008	EMD			
# 20471					

	#	20471		BFD TRAFFIC	BFD CARRYOVER	TOTAL	PAYROLL NUMBER	COUNTY
	RES	008	EMO					

#	008 EMO
RES	008 EMO
BFD CARRYOVER	TOTAL
PAYS	ACCUMULATED

RES 008 EMD # 20471

REF	DATE	BFD	CARRYOVER	TOTAL
RES 008	END			
# 20471				

SPD	STAFF	SPD CARRYOVER	TOTAL
008	EMD		
# 20471			

RES 008 EMD # 20471

UNIT	DATE	TIME	BY	REMARKS	STATUS	REMARKS	STATUS
001	01/01/01	08:00	001	001	001	001	001
002	01/01/01	08:00	002	002	002	002	002
003	01/01/01	08:00	003	003	003	003	003
004	01/01/01	08:00	004	004	004	004	004
005	01/01/01	08:00	005	005	005	005	005
006	01/01/01	08:00	006	006	006	006	006
007	01/01/01	08:00	007	007	007	007	007
008	01/01/01	08:00	008	008	008	008	008
009	01/01/01	08:00	009	009	009	009	009
010	01/01/01	08:00	010	010	010	010	010
011	01/01/01	08:00	011	011	011	011	011
012	01/01/01	08:00	012	012	012	012	012
013	01/01/01	08:00	013	013	013	013	013
014	01/01/01	08:00	014	014	014	014	014
015	01/01/01	08:00	015	015	015	015	015
016	01/01/01	08:00	016	016	016	016	016
017	01/01/01	08:00	017	017	017	017	017
018	01/01/01	08:00	018	018	018	018	018
019	01/01/01	08:00	019	019	019	019	019
020	01/01/01	08:00	020	020	020	020	020
021	01/01/01	08:00	021	021	021	021	021
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031	01/01/01	08:00	031	031	031	031	031
032	01/01/01	08:00	032	032	032	032	032
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034	01/01/01	08:00	034	034	034	034	034
035	01/01/01	08:00	035	035	035	035	035
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037	01/01/01	08:00	037	037	037	037	037
038	01/01/01	08:00	038	038	038	038	038
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046	01/01/01	08:00	046	046	046	046	046
047	01/01/01	08:00	047	047			

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SFD TRAVEL	BID CARRYOVER	TOTAL	DAYS REMAINING ACCOUNT

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	BPD TANTO	BPD CARRYOVER	TOTAL
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BFD GRANTED		BFD CARRYOVER		TOTAL		P-DAYS GRANTED		P-DAYS CARRYOVER		TOTAL		PAID OVERTIME		ACCUMULATED BALANCE	
OD	SP	Y	DA	SU	ML	DA	ML	DA	ML	DA	ML	PAID	OVERTIME	COMP. TIME HOURS	OTHER
30-08															
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